

Wisconsin Department of Regulation & Licensing

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MARRIAGE AND FAMILY THERAPY, PROFESSIONAL COUNSELING, AND SOCIAL WORK EXAMINING BOARD

EMPLOYMENT FORM FOR SUPERVISED MARRIAGE AND FAMILY THERAPY PRACTICE

(To be completed if you are applying for a training license.)

APPLICANT NAME _____
(please print)

I am in a position or have an offer for a position in a supervised Marriage and Family Therapy practice. In this position, I will receive supervision exercised by:

Check supervisor's qualification(s):

- ☐ A licensed Marriage and Family Therapist, with a doctorate degree in Marriage and Family Therapy.
- ☐ A licensed Marriage and Family Therapist who has engaged in the equivalent of 5 years of full-time Marriage and Family Therapy practice.
- ☐ A licensed physician who has completed a residency in psychiatry.
- ☐ A licensed psychologist.
- ☐ A person who holds an "approved supervisor" certificate from American Association for Marriage and Family Therapy (AAMFT).
- ☐ Another qualified professional approved by the Marriage and Family Therapy Section **in advance** of the supervision of the practice of Marriage and Family Therapy. Please enclose a written request for approval. Your request must state the educational and practice credentials of the supervisor, and the reason you require this individual instead of a marriage and family therapist, psychologist, psychiatrist, or an AAMFT-approved supervisor, as allowed under MPSW 1605(1)(a), (b), (c), (d), and the steps you have taken to obtain supervision from an individual pre-approved under MPSW 16.05(1)(a), (b), (c), (d).

The supervisor may not permit a supervisee to engage in any Marriage and Family Therapy practice that the supervisor cannot competently perform. The supervisor shall be legally and ethically responsible for the activities of the Marriage and Family Therapy trainee. Supervisors shall be available or make appropriate provision for emergency consultation and intervention. Supervisors shall be able to interrupt or stop the supervisee from practicing in given cases and to stop the supervised relationship if necessary.

The person whose practice is being supervised, shall receive a minimum of 1 hour of face-to-face supervision for each 10 hours of client contact.

Print Employer Name _____

Print Supervisor Name _____

Supervisor's Credential # _____

Profession in which supervisor is credentialed _____